



**STANWOOD-CAMANO  
SCHOOL DISTRICT**

# STUDENT REGISTRATION

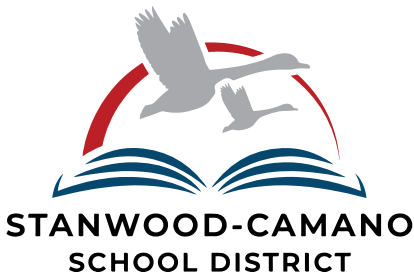
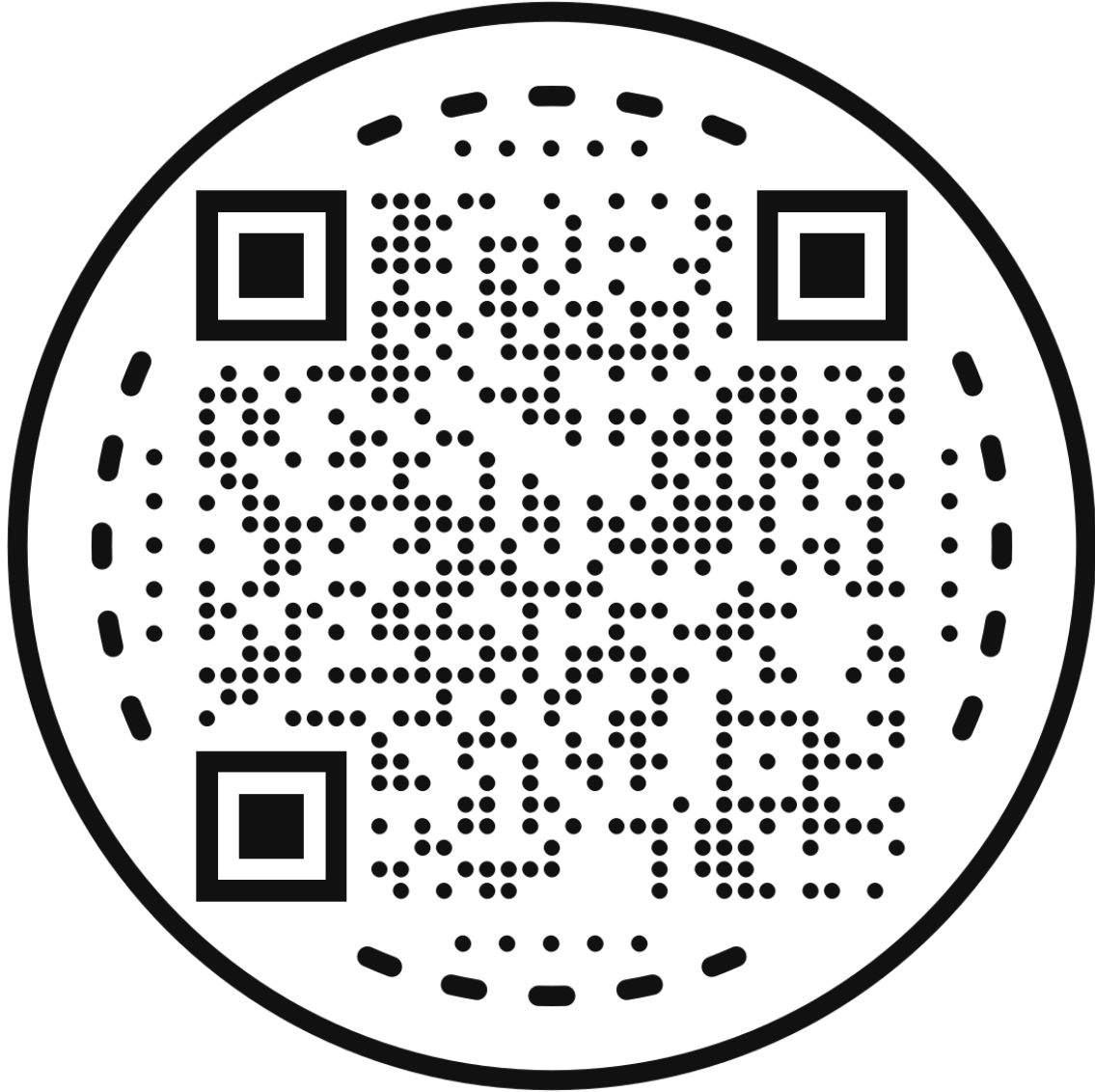
**EVERY STUDENT**

is **empowered to learn** in an  
inclusive setting and is **prepared**  
**for the future** of their choice

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[www.stanwood.wednet.edu/welcome](http://www.stanwood.wednet.edu/welcome)

# ***WELCOME!***



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COMPLETE THIS FORM ONLINE***

***[www.stanwood.wednet.edu/welcome](http://www.stanwood.wednet.edu/welcome)***

# Stanwood-Camano School District #401

## STUDENT REGISTRATION FORM

Date \_\_\_\_\_

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS? ☐ YES ☐ NO

### • STUDENT INFORMATION:

**WAC 392-415-070:** The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <small>(Month/Day/Year)</small>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Gender not exclusively Male or Female	BIRTHPLACE: <div style="display: flex; justify-content: space-between;"><span><i>City</i></span><span><i>State</i></span><span><i>Country</i></span></div>		GRADE LEVEL

HOME LANGUAGE SURVEY (Must complete form on page 6)

### • PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other <input type="checkbox"/> Foster Parent			U.S. MILITARY <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than one parent/guardian	EMAIL ADDRESS
<div style="display: flex;"> <div style="flex: 1;"> <i>Legal Last Name</i>  <i>Work Place</i> </div> <div style="flex: 1;"> <i>Legal First Name</i> </div> </div>			PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted	
<div style="display: flex;"> <div style="flex: 1;"> <i>Legal Last Name</i>  <i>Work Place</i> </div> <div style="flex: 1;"> <i>Legal First Name</i> </div> </div>			Home: (    ) Cell: (    ) Work: (    )	
<div style="display: flex;"> <div style="flex: 1;"> <i>Legal Last Name</i>  <i>Work Place</i> </div> <div style="flex: 1;"> <i>Legal First Name</i> </div> </div>			Home: (    ) Cell: (    ) Work: (    )	
RESIDENT ADDRESS <i>Street</i>		<i>Apt. #</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	
MAILING ADDRESS <i>Street</i>		<i>Apt. # or P.O. Box</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	

### • SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other <input type="checkbox"/> Foster Parent			EMAIL ADDRESS	
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)			PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted	
<div style="display: flex;"> <div style="flex: 1;"> <i>Legal Last Name</i>  <i>Work Place</i> </div> <div style="flex: 1;"> <i>Legal First Name</i> </div> </div>			Home: (    ) Cell: (    ) Work: (    )	
<div style="display: flex;"> <div style="flex: 1;"> <i>Legal Last Name</i>  <i>Work Place</i> </div> <div style="flex: 1;"> <i>Legal First Name</i> </div> </div>			Home: (    ) Cell: (    ) Work: (    )	
SECOND HOUSEHOLD MAILING ADDRESS (Street/P.O. Box, City, State, Zip Code)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

STUDENT HOUSING QUESTIONNAIRE (Must complete form on page 7)

**Please Complete all registration information.**

**Stanwood-Camano School District #401**  
**STUDENT REGISTRATION FORM**

Date \_\_\_\_\_

• **PREVIOUS SCHOOL:**

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION <i>(City/State)</i>
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED <i>(Month/Year)</i>
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ <i>months</i> WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? <i>(Month/Year)</i> _____/_____/_____		

• **OTHER LEGAL INFORMATION:**

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, plan must be on file with the school)</i>	<input type="checkbox"/> <b>Copy attached</b>
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal papers must be on file with the school)</i>	<input type="checkbox"/> <b>Copy attached</b>
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

• **STUDENT SERVICES:**

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• **STUDENT HISTORY:**

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what grade level(s)		

• **FAMILY HISTORY:**

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

## Date \_\_\_\_\_

ADDITIONAL CHILD CARE ARRANGEMENTS *(Please provide information to school in writing)*

**SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS** *(Please provide information to school in writing)*

**Any additional comments regarding your child:**

**\*\* If yes, copy of registration form to School Psychologist**

**Stanwood-Camano School District #401**  
**STUDENT REGISTRATION FORM**

Date \_\_\_\_\_

● **STUDENT RELEASE AUTHORIZATION**

*When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.*

<b>PRIMARY CONTACT</b> <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK (    )	CELL (    )	
<b>SECONDARY CONTACT</b> <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK (    )	CELL (    )	
<b>THIRD CONTACT</b> <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK (    )	CELL (    )	

*In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above:*

***Legal Parent/Guardian Signature***

***Date***

● **EMERGENCY MEDICAL AUTHORIZATION:**

DOCTOR'S NAME <i>(Full Name)</i>	PHONE (INCLUDE AREA CODE)
<p><i>I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.</i></p> <p><b><i>Legal Parent/Guardian Signature</i></b> <span style="float: right;"><b><i>Date</i></b></span></p>	

● **VERIFICATION OF INFORMATION:**

*The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Stanwood-Camano School District.*

***Legal Parent/Guardian Signature***

***Date***

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOME ROOM #	LOCKER NUMBER	BUS ROUTE AM                      PM

**Stanwood-Camano School District #401**  
**STUDENT REGISTRATION FORM**

Date \_\_\_\_\_

• **AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Preferred student start date (if applicable): \_\_\_\_\_ Today's date: \_\_\_\_\_

• **I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:**

<p style="text-align: center;">Records To / From <i>(circle one)</i>:</p> <hr/> <p style="text-align: center;">Name of previous school/agency/person</p> <hr/> <p style="text-align: center;">Street address</p> <hr/> <p style="text-align: center;">City, State, Zip</p>	<p style="text-align: center;">Send Records To/From <i>(circle one)</i>:</p> <p style="text-align: center;"><b>Stanwood-Camano School District</b> Please check the appropriate school/department below.</p>
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• **RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:**

<p><b>School records:</b></p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Student Cum file <input type="checkbox"/> Special Education Records <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments</div><div><input type="checkbox"/> WA State History <input type="checkbox"/> Attendance <input type="checkbox"/> Transcripts <input type="checkbox"/> BECCA <input type="checkbox"/> Other Assessments</div></div> <p><b>Purpose for Exchange:</b></p> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> to discuss and/or place student in program</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> to complete assessment/evaluation</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> to update records</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> other:</div>	<p><b>Medical records:</b></p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other:</div></div>
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• **IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:**

<input type="checkbox"/> <b>Cedarhome Elementary</b> 27911 – 68 <sup>th</sup> Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Twin City Elementary</b> 26211 – 72 <sup>nd</sup> Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Port Susan Middle</b> 7506 – 267 <sup>th</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Saratoga School</b> 7600 272 <sup>nd</sup> St NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
<input type="checkbox"/> <b>Elger Bay Elementary</b> 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Utsalady Elementary</b> 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Stanwood High School</b> 7400 – 272 <sup>nd</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Lincoln Hill High School</b> <b>Lincoln Academy</b> 7600 - 272 <sup>nd</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhinfo@stanwood.wednet.edu
<input type="checkbox"/> <b>Stanwood Elementary</b> 10227 - 273 <sup>rd</sup> Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Stanwood Middle</b> 9405 – 271 <sup>st</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	<input type="checkbox"/> <b>Special Services</b> 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233	<input type="checkbox"/> <b>Open Doors</b> 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 scsdinfo@stanwood.wednet.edu

*I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.*

**Legal Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ADDRESS (Street/PO Box, City, State, ZIP) \_\_\_\_\_

The confidential exchange of medical information expires after **90 days**.

Washington State Ethnicity and Race Data Collection Form									
<p>School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. OSPI requires that District personnel make a determination if parents, guardians, or students do not provide ethnicity and race information. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).</p>									
ETHNICITY	<b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)								
	Hispanic	<input type="checkbox"/> Hispanic (H00)	<input type="checkbox"/> Cuban (H09)	<input type="checkbox"/> Mestizo (H17)	<input type="checkbox"/> Salvadoran (H24)				
		<input type="checkbox"/> Argentine (H02)	<input type="checkbox"/> Dominican (H10)	<input type="checkbox"/> Native Hispanic (H18)	<input type="checkbox"/> Spaniard (H25)				
		<input type="checkbox"/> Bolivian (H03)	<input type="checkbox"/> Ecuadorian (H11)	<input type="checkbox"/> Nicaraguan (H19)	<input type="checkbox"/> Surinamese (H26)				
		<input type="checkbox"/> Brazilian (H04)	<input type="checkbox"/> Guatemalan (H12)	<input type="checkbox"/> Panamanian (H20)	<input type="checkbox"/> Uruguayan (H27)				
		<input type="checkbox"/> Chicano (Mexican American) (H05)	<input type="checkbox"/> Guyanese (H13)	<input type="checkbox"/> Paraguayan (H21)	<input type="checkbox"/> Venezuelan (H28)				
		<input type="checkbox"/> Chilean (H06)	<input type="checkbox"/> Honduran (H14)	<input type="checkbox"/> Peruvian (H22)					
		<input type="checkbox"/> Colombian (H07)	<input type="checkbox"/> Jamaican (H15)	<input type="checkbox"/> Puerto Rican (H23)					
		<input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Mexican (H16)		Hispanic/Latino Write In (H29)				
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)							
	Pacific Islander	<input type="checkbox"/> Carolinian (P01)	<input type="checkbox"/> Maori (P07)	<input type="checkbox"/> Pohpeian (P13)	<input type="checkbox"/> Tongan (P18)				
		<input type="checkbox"/> Chamorro (P02)	<input type="checkbox"/> Marshallese (P08)	<input type="checkbox"/> Samoan (P14)	<input type="checkbox"/> Tuvaluan (P19)				
		<input type="checkbox"/> Chuukese (P03)	<input type="checkbox"/> Native Hawaiian (P09)	<input type="checkbox"/> Solomon Islander (P15)	<input type="checkbox"/> Yapese (P20)				
		<input type="checkbox"/> Fijian (P04)	<input type="checkbox"/> Ni-Vanuatu (P10)	<input type="checkbox"/> Tahitian (P16)					
		<input type="checkbox"/> i-Kiribati/Gilbertese (P05)	<input type="checkbox"/> Palauan (P11)	<input type="checkbox"/> Tokelauan (P17)					
		<input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Papuan (P12)		Pacific Islander Write In (P21)				
RACE-BLACK/AFRICAN-AMERICAN	Black/African American	<input type="checkbox"/> Black/African-American (B00)	<input type="checkbox"/> African American (B01)	<input type="checkbox"/> African Canadian (B02)	<input type="checkbox"/> _____				
		Black Write In (C02)							
	Caribbean	<input type="checkbox"/> Anguillan (B03)	<input type="checkbox"/> Caymanian (Cayman Island) (B09)	<input type="checkbox"/> Grenadian (B13)	<input type="checkbox"/> Jamaican (B16)				
		<input type="checkbox"/> Antiguan (B04)	<input type="checkbox"/> Cuba Dominican (B10)	<input type="checkbox"/> Guadeloupien (B14)	<input type="checkbox"/> Martiniquais/Martiniquaise (B17)				
		<input type="checkbox"/> Bahamian (B05)	<input type="checkbox"/> Dominican (Dominican Republic) (B11)	<input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Montserratian (B18)				
		<input type="checkbox"/> Barbadian (B06)	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)		<input type="checkbox"/> Puerto Rican (B19)				
		<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07)							
		<input type="checkbox"/> British Virgin Islander (B08)			Caribbean Write In (B20)				
	Central African	<input type="checkbox"/> Angolan (B21)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25)		<input type="checkbox"/> São Toméan (B29)				
		<input type="checkbox"/> Cameroonian (B22)	<input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26)		<input type="checkbox"/> Principe (B30)				
		<input type="checkbox"/> Central African (Central African Rep.) (B23)	<input type="checkbox"/> Equatorial Guinean (B27)						
		<input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Gabonese (B28)		Central African Write In (B31)				
	East African	<input type="checkbox"/> Burundian (B32)	<input type="checkbox"/> Malagasy (Madagascar) (B38)	<input type="checkbox"/> Rwandan (B44)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50)				
		<input type="checkbox"/> Comoran (B33)	<input type="checkbox"/> Malawian (B39)	<input type="checkbox"/> Seychellois/Seychelloise (B45)	<input type="checkbox"/> Zambian (B51)				
		<input type="checkbox"/> Djiboutian (B34)	<input type="checkbox"/> Mauritian (Mauritius) (B40)	<input type="checkbox"/> Somali (B46)	<input type="checkbox"/> Zimbabwean (B52)				
<input type="checkbox"/> Eritrean (B35)		<input type="checkbox"/> Mahoran (Mayotte) (B41)	<input type="checkbox"/> South Sudanese (B47)						
<input type="checkbox"/> Ethiopian (B36)		<input type="checkbox"/> Mozambican (B42)	<input type="checkbox"/> Sudanese (B48)						
<input type="checkbox"/> Kenyan (B37)		<input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Ugandan (B49)	East African Write In (B53)					
Latin American	<input type="checkbox"/> Argentine (B54)	<input type="checkbox"/> Ecuadorian (B61)	<input type="checkbox"/> Mexican (B68)	<input type="checkbox"/> Uruguayan (B75)					
	<input type="checkbox"/> Belizean (B55)	<input type="checkbox"/> El Salvadoran (B62)	<input type="checkbox"/> Nicaraguan (B69)	<input type="checkbox"/> Venezuelan (B76)					
	<input type="checkbox"/> Bolivian (B56)	<input type="checkbox"/> Falkland Islander (B63)	<input type="checkbox"/> Panamanian (B70)						
	<input type="checkbox"/> Brazilian (B57)	<input type="checkbox"/> French Guianese (B64)	<input type="checkbox"/> Paraguayan (B71)						
	<input type="checkbox"/> Chilean (B58)	<input type="checkbox"/> Guatemalan (B65)	<input type="checkbox"/> Peruvian (B72)	Latin American Write In (B77)					
	<input type="checkbox"/> Colombian (B59)	<input type="checkbox"/> Guyanese (B66)	<input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73)						
	<input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Surinamese (B74)						
South African	<input type="checkbox"/> Botswanan (B78)	<input type="checkbox"/> Namibian (B80)	<input type="checkbox"/> Swazi (B82)						
	<input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> South African (B81)	<input type="checkbox"/> _____	South African Write In (B83)					
West African	<input type="checkbox"/> Beninese (B84)	<input type="checkbox"/> Gambian (B89)	<input type="checkbox"/> Mauritanian (B93)	<input type="checkbox"/> Senegalese (B97)					
	<input type="checkbox"/> Bissau-Guinean (B85)	<input type="checkbox"/> Ghanaian (B90)	<input type="checkbox"/> Nigerien (Niger) (B94)	<input type="checkbox"/> Sierra Leonean (B98)					
	<input type="checkbox"/> Burkinabé (Burkina Faso) (B86)	<input type="checkbox"/> Liberian (B91)	<input type="checkbox"/> Nigerian (Nigeria) (B95)	<input type="checkbox"/> Togolese (B99)					
	<input type="checkbox"/> Cabo Verdean (B87)	<input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Saint Helenian (B96)						
	<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)			West African Write In (C01)					



Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alaska Native Write In (N36) American Indian Write In (N37)			
	Washington State Tribes	<div><div><input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)</div><div><input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)</div></div>			
RACE-ASIAN	Asian	<div><div><input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)</div><div><input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)</div><div><input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)</div><div><input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Asian Write In (A27)</div></div>			
RACE-WHITE	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> <input type="checkbox"/> White Write In (W36)			
	Eastern European	<div><div><input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)</div><div><input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)</div><div><input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)</div><div><input type="checkbox"/> Eastern European Write In (W07)</div></div>			
	Middle Eastern and North African	<div><div><input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)</div><div><input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)</div><div><input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)</div><div><input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Middle Eastern Write In (W34) <input type="checkbox"/> North African Write In (W35)</div></div>			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: Received By _____	Date _____
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The Home Language Survey is given to *all* students enrolling in Washington schools.

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<b>Right to Translation and Interpretation Services</b>  All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p>		
<b>Eligibility for Language Development Support</b>  Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		
<b>Prior Education</b>  Your responses about your child's birth country and previous education: <ul style="list-style-type: none"><li>• Give us information about the knowledge and skills your child is bringing to school.</li><li>• May enable the school district to receive additional federal funding to provide support to your child.</li></ul> <b><i>This form is not used to identify students' immigration status.</i></b>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

## Date \_\_\_\_\_

# Student Housing Questionnaire

Revised 3.29.23

**Stanwood-Camano School District #401**  
**STUDENT REGISTRATION FORM**

Date \_\_\_\_\_

**NONDISCRIMINATION STATEMENT:**

The Stanwood-Camano School District does not discriminate in employment, programs, or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Maurene Stanton, or the Section 504/American Disabilities Act Coordinator, Robert Hascall, Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

El Distrito Escolar de Stanwood-Camano School District no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación:

Título IX / Oficial de Acción Afirmativa y Coordinador de Cumplimiento de Derechos Civiles, Maurene Stanton, o la Sección 504 / Coordinador de la Ley de Discapacidades Estadounidenses, Robert Hascall, Distrito Escolar Stanwood-Camano, 26920 Pioneer Hwy, Stanwood, WA 98292. Teléfono: (360) 629-1200.

**Stanwood-Camano School District**  
**Student Health Concerns**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Parent/Guardian Email** \_\_\_\_\_

**Medical History:**

Has your student ever had a serious accident, operation, or illness? (nature and approx. date) \_\_\_\_\_

Please check any **HEALTHCARE PROVIDER DIAGNOSED** health concerns that your student has. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this time".

☐ **No Health Concerns at this time**

**ALLERGIES**

☐ Bee or Insect Allergy  
Reaction ☐ Mild ☐ Severe/Life Threatening  
Symptoms \_\_\_\_\_  
Treatment \_\_\_\_\_

☐ Seasonal allergies  
☐ Food allergy ☐ Food Intolerance  
☐ List foods \_\_\_\_\_

Reaction ☐ Mild ☐ Severe/Life Threatening  
Symptoms \_\_\_\_\_  
Treatment \_\_\_\_\_

☐ Latex allergy \_\_\_\_\_

☐ Drug allergy \_\_\_\_\_

☐ \*Has EpiPen

**NEUROLOGICAL**

☐ Seizure Disorder Type: \_\_\_\_\_

☐ ADD ☐ ADHD

☐ Autism Spectrum Disorder

☐ Sensory Processing Disorder

☐ Headaches ☐ Migraines

☐ Other: \_\_\_\_\_

**DIGESTION / ELIMINATION**

☐ Bowel control problems

☐ Irritable Bowel Syndrome

☐ Bladder incontinence

☐ Other: \_\_\_\_\_

**DIABETES**

☐ Type I ☐ Type II

**VISION / HEARING**

☐ Vision deficit ☐ Glasses/Contacts

☐ Hearing deficit ☐ Hearing Aid

**DEVELOPMENTAL**

☐ Prematurity-Gestation \_\_\_\_\_

☐ Prenatal exposure \_\_\_\_\_

☐ Developmental Delay

**CARDIOVASCULAR**

☐ Heart Murmur ☐ Arrhythmia \_\_\_\_\_

☐ Cardiac Disorder \_\_\_\_\_

☐ Heart Birth Defect

☐ Other: \_\_\_\_\_

**RESPIRATORY** ☐ **Current Diagnosis** ☐ **Past Diagnosis**

☐ Asthma – mild Intermittent symptoms, infrequently uses rescue inhaler, no interference with normal activity

☐ Asthma – moderate Persistent symptoms, uses rescue inhaler, some activity limitation

☐ Asthma – severe Daily symptoms, uses rescue inhaler several times a day, normal activities extremely limited

Has Inhaler at? ☐ \*School ☐ Home

☐ Other: \_\_\_\_\_

**MUSCULOSKELETAL / SKIN**

☐ Cerebral Palsy

☐ Other Musculoskeletal condition \_\_\_\_\_

☐ Other Skin conditions: \_\_\_\_\_

**BEHAVIORAL HEALTH**

☐ Obsessive Compulsive Disorder

☐ Oppositional Defiant Disorder

☐ Bipolar Disorder

☐ Depression

☐ Other: \_\_\_\_\_

**CONGENITAL**

☐ Down Syndrome

☐ Other: \_\_\_\_\_

**HEMATOLOGICAL**

☐ Hemophiliac ☐ Sickle Cell ☐ Other: \_\_\_\_\_

**Medication:**

Medication student takes daily **at home** (list medications): \_\_\_\_\_

Medication **at school** (list medications): \_\_\_\_\_

***\*If medication is needed at school, complete and return an "Authorization for Medication at School" form. Health care provider AND parent/guardian signatures are required. Form can be obtained from school nurse, office, or district website.***

I authorize the disclosure of health information on this form to be shared with the school nurse or other staff responsible for my student during the school day. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib ( <i>Haemophilus influenzae type b</i> )							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature    Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

## Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

### To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waiisrecords@doh.wa.gov](mailto:waiisrecords@doh.wa.gov) or 1-866-397-0337.

### To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

### Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021

# Parents— Are Your Kids Ready for School?

## Required Immunizations for School Year 2023-2024



**Instructions:** To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps, rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
<b>Preschool/Transitional Kindergarten</b> 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
<b>Kindergarten through 6th</b>	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
<b>7th through 10th</b>	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
<b>11th through 12th</b>	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

\*Vaccine doses may be acceptable with fewer than listed depending on when they were given. \*\*Health care provider verification of history of chickenpox disease is also acceptable.

Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions.

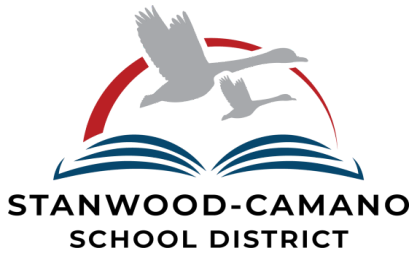
Find information on other important vaccines that are not required for school at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

**DOH 348-295 Dec. 2022**





### Student Directory and Photo Release Information

Federal law allows Stanwood-Camano School District to disclose some personally identifiable information about students ("student directory information"), without written consent. Information may be given to outside organizations, but the primary use of directory information is to allow the school district to include this information in certain school publications, including:

- The annual yearbook
- Honor roll or other recognition lists
- Printed programs for graduation, sports competitions, or school plays
- School-related social media posts and video productions, print and online communication, and media coverage of district/school events or activities

Stanwood-Camano School District defines "student directory information" as:

- Name, address, email address, phone number, date of birth
- Dates of enrollment and enrollment status
- Diplomas and awards; and participation in activities and sports
- Height and weight (for athletes)
- Grade level and most recent school or program attended

#### Photograph or video image

If you do not want the school district to disclose directory information, including your student's photo or video image, without prior written consent, you must notify your school in writing each school year via the form below. This includes sharing directory information with media outlets and partner organizations.

#### Student directory information requests by military recruiters

Federal law requires the school district to provide military recruiters with student names, address and phone numbers unless families have informed the district not to do so. If you do not want the school district to disclose directory information, or if you want your child's contact information withheld specifically from military recruiters, you must inform your school via the form below.

#### Opt-out form (one per student)

*If no documentation is on file, it will be assumed that permission for release of directory information has been granted.*

*Check only when you do not want directory information released. Choice will remain active until changed by parent/guardian.*

#### Do not release my student's directory information to (for high school students only):

- ☐ Military recruiters
- ☐ Institutions of higher learning

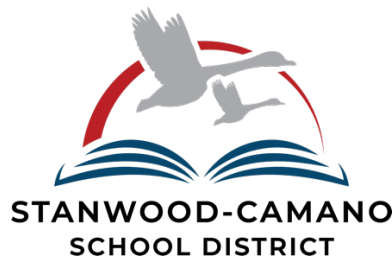
#### Do not release my student's directory information to (for all students):

- ☐ The media for news such as honor roll or other recognitions (*Public*)
- ☐ School and district communications, such as social media posts and videos; print and online communication; and printed and online programs for graduation, sports, and school plays (*District*)
- ☐ Do not release my student's directory information for the annual yearbook (*Local*)

Student name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Parent/guardian name: \_\_\_\_\_  
(Last) (First)

Parent/guardian signature or student if 18 years or older: \_\_\_\_\_ Date: \_\_\_\_\_



26920 Pioneer Hwy. Stanwood, WA 98292 – 360-629-1200

## TECHNOLOGY AND ELECTRONIC RESOURCES SYSTEMS

Dear Parent(s)/Guardian:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Your child will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems and networks. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

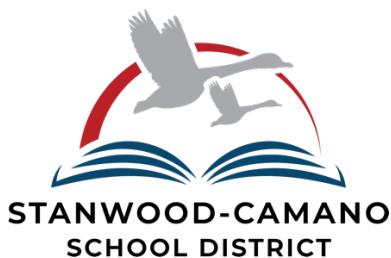
Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity. You and your child must waive the copyright on any material posted through the network in order to use the network.

If you have any questions please contact your child's school administrator. If you want your child to have the opportunity to receive a technology account or have access to the district system and technological services, please return a signed informed consent form to us as soon as possible.

**Adoption Date: 08.05.03**  
**Stanwood-Camano School District**  
**Revised: 09.18.12; 07.20.21**



## TECHNOLOGY AND ELECTRONIC RESOURCES

### Individual User Access Informed Consent Agreement Form for Students

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Stanwood-Camano School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Stanwood-Camano School District's Acceptable Use Guidelines. Further, my student and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My student and I acknowledge and agree that Stanwood-Camano School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my student or I may otherwise have into such material. My student and I acknowledge and agree that any copyright my student may have in material posted on the Internet through the school district's system is waived.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian  
(required if user is under age 18)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Building (Student User is Enrolled In)

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\*Students over eighteen years old do not need a parent's signature.